

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

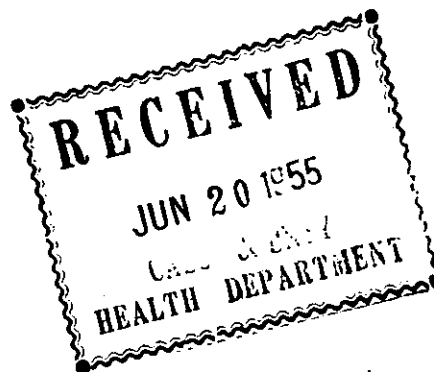
State File No. 17999

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5221</u>		Registrar's No. <u>71</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garden City - Dayton Twp.</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garden City - Dayton Twp.</u>		0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>4 miles South, Garden City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alex</u>		b. (Middle) _____		c. (Last) <u>Kennedy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 9 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept. 17, 1872</u>	
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>82</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		13a. FATHER'S NAME <u>Robert A Kennedy</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E (Unknown)</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Kennedy</u> ADDRESS <u>Garden City Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe Elongated Atherosclerosis</u>				DUE TO (c) <u>(Found dead in home)</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1201</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2/13, 1953</u> , to <u>6/9, 1955</u> , that I last saw the deceased alive on <u>5/20, 1955</u> , and that death occurred at <u>2 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Leoburn Ellis MD</u>				23b. ADDRESS <u>Garden City Mo</u>		23c. DATE SIGNED <u>6/11/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 12, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillsboro Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hillsboro, Tennessee</u>	
DATE REC'D BY LOCAL REG. <u>June 12, 1955</u>		REGISTRAR'S SIGNATURE <u>Nora Barman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Minor &amp; Lundy</u> ADDRESS <u>Garden City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0190



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Willie J. Hickey*

Licensed Embalmer No. *4685*

P. O. Address *Indian City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.